

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

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2015 APR 20 AM 7:26

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DUCKWALD FOR PRESIDENT

ADDRESS (number and street)

(Check if address is changed)

P.O. BOX 1624 201212 MAR 11 PM

KPCUSIT GROVE

CITY

OK

STATE

74352

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

DUCKWALD.FORPRESIDENT@YAHOO.COM

Optional Second E-Mail Address

duckwaldforpresident@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://duckwaldforpresident.mix.co

m/MySite

2. DATE 04 14 2015

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PATRICK HENRY DAVID DUCKWALD

Signature of Treasurer

Patrick Henry David Duckwald

Date

04 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

WANDA DUNCAN

Candidate  
Party AffiliationOffice  
Sought:

House

Senate

☒ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

Write or Type Committee Name

DUCKWALD FOR PRESIDENT

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PATRICK HENRY DAVID DUCKWALD

Mailing Address

PO BOX 1624

202 1/2 MAIN W

LOUST GROVE

OK

74352

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

918-419-2032

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

PATRICK HENRY DAVID DUCKWALD

Mailing Address

PO BOX 1624

202 1/2 MAIN W

LOUST GROVE

OK

74352

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

918-419-2032

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

RED CROWN CREDIT UNION

19 ROWE ST.

PAYOR

OK

743611-

CITY

STATE

ZIP CODE

ITTCU

1800 S HWY 66

CLAREMORE

CLAREMORE

OK

74019-

CITY

STATE

ZIP CODE



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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JB  
PREPARER  
(3/2015)

4/20/15  
DATE PREPARED

1400114210079